

need of efficient respiratory stimulants in such conditions as pneumonia, meningitis, coma (uremic and diabetic), in accidents of anesthesia and operations, in poisoning from narcotics (morphin, choral, veronal, sulfonal, etc.), and in other conditions in which respiration is endangered, especially in pediatric practice.

Loewy, A.: Arch. ges. Physiol., 1890, 47: 601.  
 Dreser, H.: Arch. ges. Physiol., 1898, 72: 485.  
 Meissner, R.: Zeit. f. d. gesamte exp. Med., 1923, 31: 159.  
 Pilcher, J. D.: J. Pharm. Exp. Therap., 1912, 3: 19.  
 Hanzlik, P. J.: J. Pharm. Exp. Therap., 1923, 20: 463.

### THE BUGABOO OF THE SHORTAGE OF PHYSICIANS IN RURAL COMMUNITIES

Some time ago someone alleged the shortage of physicians in rural communities as an excuse for extending the practice of medicine to those who were not prepared by education or otherwise to assume the duties of physicians. For quite a while no one took the trouble to investigate the facts, and all the raft of people who want to be "doctors" without proper education began to use the statement as an excuse for their existence.

This bugaboo grew so rapidly and to such proportions that in some places it is reported that nurses carried with them prescriptions signed in blank by accommodating doctors and when they visited a patient they could both prescribe and serve as nurse.

We are now beginning to see the facts. Report after report from investigators in different States all show that the rural medical service problem is a small one and is not due to a shortage of physicians but to the same facts that prevent isolated small centers from enjoying fine local theaters, fine high school buildings and other expensive facilities economically possible only to larger groups.

There are 150,000 educated physicians in the United States, or approximately one to each 800 of population. New York has a physician to each 680 people and, although the bugaboo of shortage of doctors thrived more in that State than elsewhere, a recent careful survey shows the problem to be largely in the minds of those who wish it so.

This same story was started by the same interests in California, but was promptly exploded. California has more physicians to population (one to 508) than any other State and more than any other country in the world. There is in the State no serious problem of shortage of physicians, unless we expect each family to have its own pet doctor. San Francisco has an educated physician to each 400 inhabitants; Los Angeles is about the same.

If all the sick people in the State patronized only educated physicians, and if every clinic in the State were suddenly abolished, the doctors of the State would have an average of some five patients of all classes a day each. About one per cent of the adult population of the State is engaged in "curing" or "preventing" disease.

### THE AMERICAN MEDICAL ASSOCIATION SESSION

At this writing the seventy-fourth annual session of the American Medical Association is in its closing day in San Francisco. The registration has been the largest of any meeting held on the Pacific Coast; the program has been unusually interesting and attractive; the exhibits have been numerous and well displayed in the large Civic Auditorium; publicity has been excellent, and apparently all the national officers and delegates, as well as our California Fellows, have a right to feel pleased over the accomplishments of this convention.

The social features have been such as to occupy all the spare time of the delegates and guests. The atmosphere of the meeting has been of the best, and we feel that everyone will look forward to another meeting to be held in San Francisco.

A more complete report of the session of the American Medical Association, as well as that of the State association, will appear in the August number of the Journal.

### CERTIFICATE OF MERIT TO THE LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH FOR ITS SCIENTIFIC EXHIBIT

The committee on awards for the scientific exhibit of the American Medical Association has awarded a certificate of merit to the League for the Conservation of Public Health, in the following words:

"The committee recommends that the League for the Conservation of Public Health of California, for the exhibit relating to hospital betterment, better health service, the State campaign for high standards of medical practice, and for the improvement of laws relating to preventive medicine and the prevention of legislation that would lower the standard of health and retard the progress of medicine."

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**Sudden Acute Pain in the Shoulders Associated With Acute Pelvic Pain in Women**—I. C. Rubin, New York (Journal A. M. A., April 14, 1923), reports two cases in which sudden acute pain in the shoulders was associated with acute pelvic pain in women, and describes this pain as a symptom of ruptured ectopic pregnancy, indicating subphrenic blood extravasation (subphrenic hemoperitoneum). The mechanism by which these shoulder pains in subphrenic pneumoperitoneum are produced is said to depend on the relations between the diaphragm and the suspensory ligament of the liver. When gas displaces the diaphragm upward, the liver is simultaneously displaced downward. The falciform hepatic ligament is consequently stretched, and thus the phrenic nerve is stimulated. As the phrenic nerve has its origin in the third, fourth and fifth cervical cord segments, and as it actually connects with cervical peripheral nerves supplying the shoulder girdle, pain produced in the diaphragmatic area is referred to the shoulders by sensitized cutaneous nerves of the cervical segments. The first case cited by Rubin was one of bilateral shoulder pains, more intense in the left shoulder in which the pains were caused by a ruptured tubal pregnancy on the left, with a large amount of extravasated blood. In the second case severe pain in the right shoulder was caused by a tubal abortion on the right and moderate blood extravasation.